

Name in Full

Certificate of Death

Died at *near Choptank* Town *Buckridge* County *Caroline* MARYLAND
 Date 189 *8* *9* - *5* Y. M. D. Native of Occupation

Male White ~~Marr~~ Widow ~~Divorced~~
~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband
 of
 Wife

Father's Name *A. Buckridge* Mother's Name *14A*

Cause of Death { Primary *Drowning*
 Immediate

How long sick

Accident, ~~Self~~ ~~From~~ ~~Some~~

Reported by *Guernsey Free Press 9-9*

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



— *Blades*
County *Caroline*

MARYLAND

Died at *near Choptank*

Town

County

Date 189 *F* Month *4* Day *9* Y. *10* M. D. Native of Occupation

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~

~~Husband~~
~~Wife~~ of

Father's
Name

Owen C. Blades

Mother's
Name

145

Cause of Primary

Drowning

Death Immediate

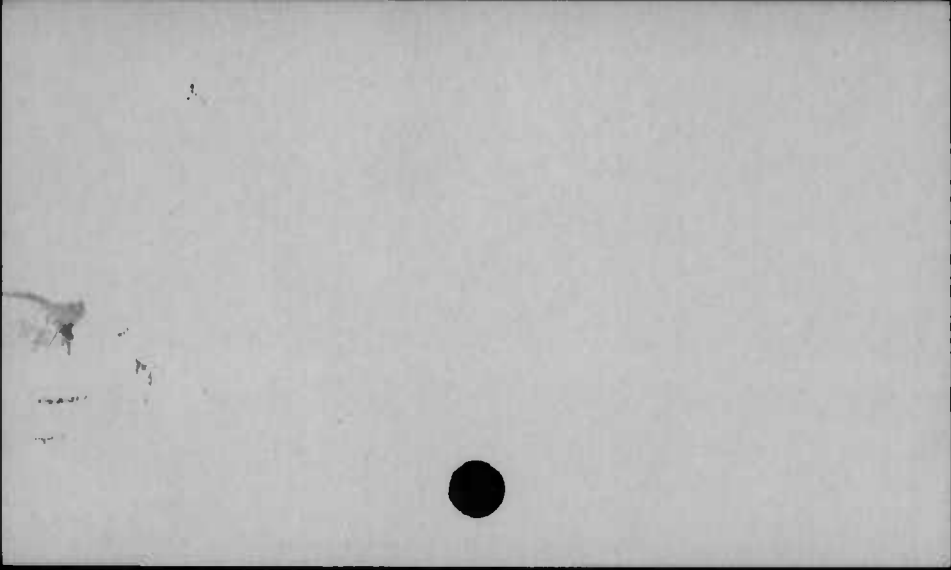
How long sick

~~Accident Suicide Homicide~~

Reported by

Greenbriar Free Press 9-9

Address



Name in Full

Certificate of Death

Sarah Butler

Town

County

Died at

Denton

Caroline

MARYLAND

Date 189

8 Sept 20

Month

Day

Age

Y.

M.

D.

Native of

Occupation

~~Male~~

White

~~Married~~

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's

Mother's

Name

Name

Cause of

Primary

Death

Immediate

How long sick

161

Accident, Suicide, Homicide

Reported by

American Union Denton Sept 22

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Thomas Miah Camper

Town

County

Died at

Federalburg

Caroline

MARYLAND

Date 189

8

Month

Day

Y.

M.

D.

Native of

Occupation

Sep

10

Age

64

md

Farmer

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living 4

Husband

of

Wife

Father's

Name

Snah Prattis

Mother's

Name

Cause of

Primary

Cholera Morbus

How long sick

1 day

Death

Immediate

12a

Accident, Suicide, Homicide

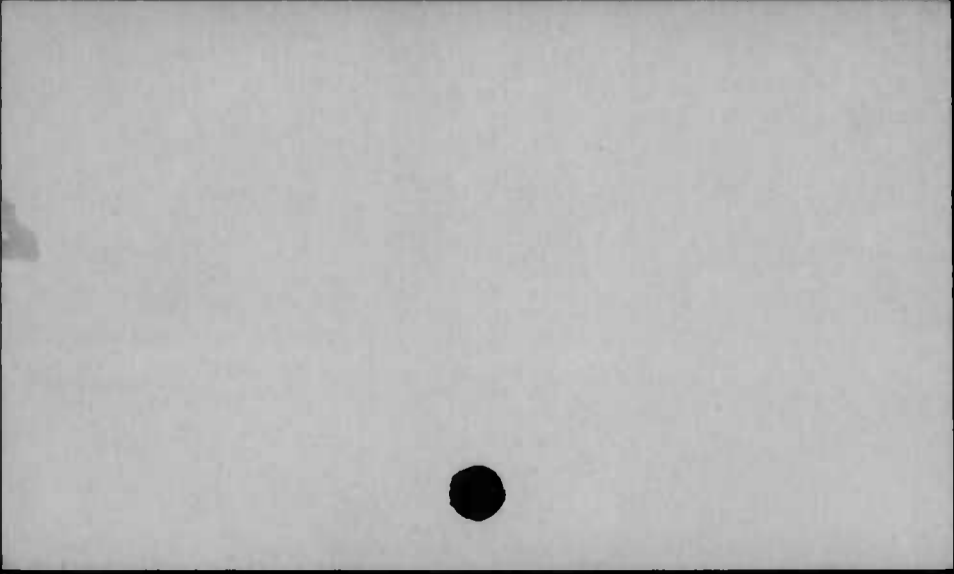
Reported by

R K Jefferson

Address

Federalburg Caroline Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full *Emmal Collins*
 Died at *Federalburg* *Caroline* *MARYLAND*
 Date 189*8* *Sep* *1* *Y.* *M.* *D.* *Native of* *md* *Occupation* *Farmer*
 Male *White* *Married* *Widow* *Divorced*
 Female *Colored* *Single* *Widower* Number of children living *6*

Husband of *Rachel Prattis*
 Father's Name *Rachel Prattis* Mother's Name _____

Cause of Death { Primary *Old Age* *141*
 Immediate _____
 How long sick *14 days*
 Accident, Suicide, Homicide _____

Reported by *R. K. Jefferson*
 Address *Federalburg* *Caroline Co.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Sarah A. Collins
 Town *Prigby* County *Caroline* MARYLAND

Died at

Date 189

1
~~Male~~

Female

Month

Day

Y.

M.

D.

Native of

Occupation

Age

83

Married

Widow

Divorced

Widower

Number of children living *1*Husband
of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Old age 141

How long sick

Death

Immediate

Accident, Suicide, Homicide

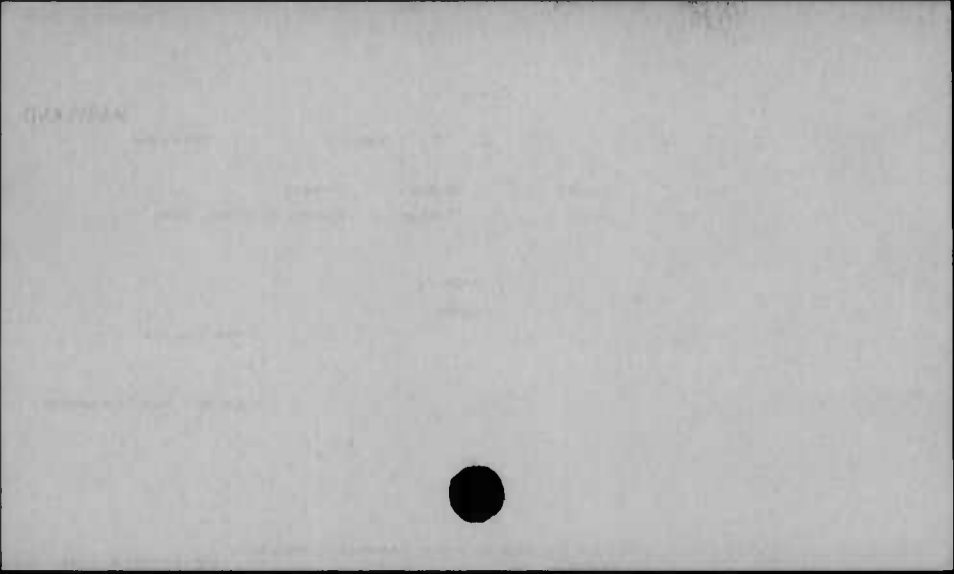
Reported by

Denton Journal Sept. 17

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968



Name in Full

Certificate of Death

Julia Adelaide Leland French

Town

County

Died at

MARYLAND

Date 1898

Month

Day

Y.

M.

D.

Native of

Occupation

Sept 21 Age 33. 11 27 Illness Nurse

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Cholera

How long sick

30 days

Death

Immediate

Typhoid

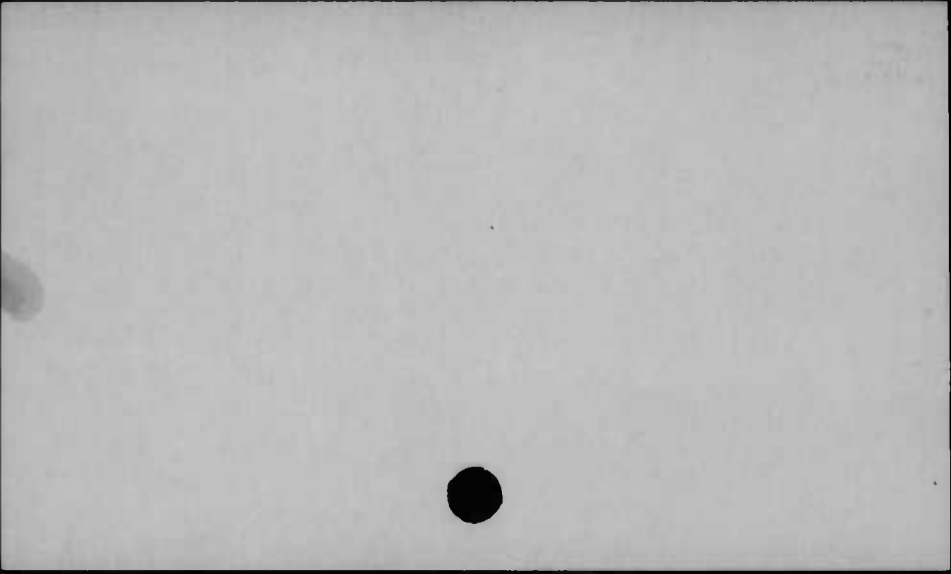
~~Accident~~ ~~Suicide~~ ~~Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 1900



Name in Full

Certificate of Death

Died at *Princeton* Town *Caroline* County *MARYLAND*

Date 189 *5* Month *9* Day *29* Age *52* Y. M. D. Native of *Princeton* Occupation *Printer*

Male ☒ White ☒ Married ☒ Widow ☐ Divorced ☐
 Female ☐ Colored ☐ Single ☐ Widower ☐ Number of children living

Husband of
Wife

Father's
Name

Mother's
Name

Cause of Death { Primary *Cirrhosis of Liver*
 Immediate *Hemiplegia*

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 65002

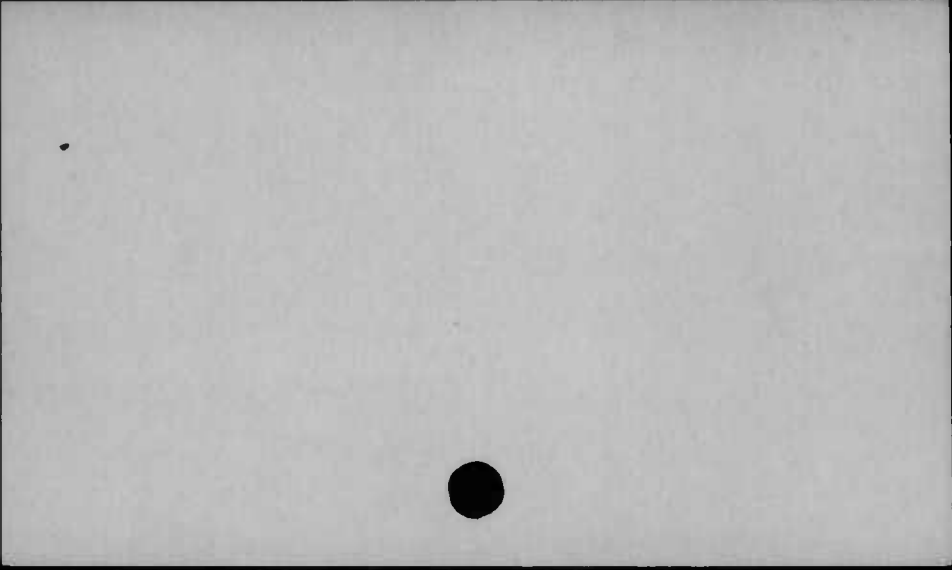


Rebecca Kenton
 Town County

Died at Templeville Caroline MARYLAND
 Month Day Y. M. D. Native of Occupation
 Date 1898 Sep. 9 Age 36 5 10 Ind Housewife
~~Male~~ White Married ~~Widow~~ ~~Divorced~~
 Female Colored ~~Single~~ ~~Widower~~ Number of children living 4

Husband of James Kenton Sr
 Wife of
 Father's Name George Davis Mother's Name Janey Coey
 Cause of { Primary Pulmonary tuberculosis How long sick 2 yrs
 Death { Immediate Exhaustion 22a ~~Accident, Suicide, Homicide~~

Reported by James E. Golley Jr.
 Address Templeville Caroline Co



Name in Full

Certificate of Death

Claude Ledunye

Town

County

Died at

Baltimore

Caroline

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

8

Sept 13

Age

26

Md.

Clerk

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

~~Number of children living~~

Husband

of

Wife

Father's

Name

Cause of

Primary

Typhoid Fever

Mother's

Name

Alysine Higginott

How long sick

4 weeks

Death

Immediate

Peritonitis from Perforation

Accident, Suicide, Homicide

Reported by

Address

J. A. Tobolsky
BaltimoreM.D.
Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, FEDERAL



Name in Full

Certificate of Death

Esiter Mary Shaver.

Town

County

Died at

Ridgely

Caroline -

MARYLAND

Date 189

8

Month

Day

9 - 7

Age

Y.

M.

D.

62 - 6 - 15

Native of

Penn

Occupation

House wife -

~~Male~~

White

~~Married~~~~Widow~~

Divorced

Female

~~Colored~~~~Single~~~~Widow~~

Number of children living

Three

Husband

of

Henry H. Shaver -

Wife

Father's

Name

John Skous.

Mother's

Name

Hannah Holden,

Cause of

Primary

Chronic Interstitial Nephritis.

How long sick

Death

Immediate

Uremic Coma - 97

Accident, Suicide, Homicide

Reported by

Dr. S. S. Stone.

Address

Ridgely Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65988



Name in Full

Sarah Elizabeth Sharp

Town

Denton

County

Caroline

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1898

9 - 10

Age

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

Husband of

W. T. Sharp

Wife

Father's

Mother's

Name

Name

Cause of

Primary

161

How long sick

Death

Immediate

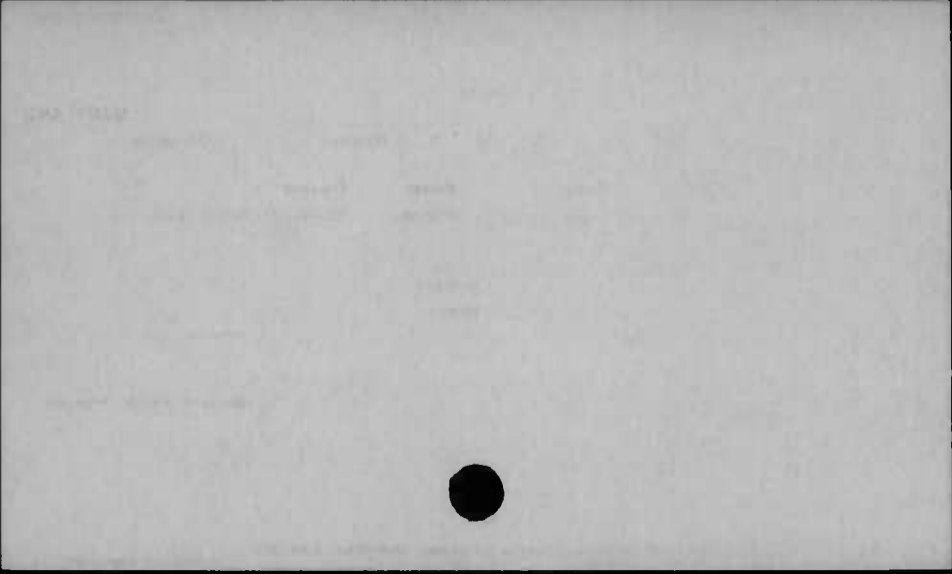
Accident, Suicide, Homicide

Reported by

Denton Journal Sept. 17

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Moses Dilbough

Town

County

Died at

Near Briceville

Caroline

MARYLAND

Date 189

8

Month

9

Day

3

Age

Y.

80

M.

D.

Native of

Occupation

Male

White

Married

~~Widow~~

Divorced

Number of children living

6

Husband

of

Father's

Name

Mother's

Name

Cause of

Primary

155a

How long sick

Death

Immediate

Dropsy

Accident, Suicide, Homicide

Reported by

The Creston County Journal

Address

(Kingwood)

Sept. 18th.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 6596R



Name in Full

Certificate of Death

A. C. Snowden
 Town *near Greensboro* County *Caroline*

MARYLAND

Died at *near Greensboro* Month *8* Day *9* Y. *6* M. *53* D. *53* Native of *Farmer*
 Date 189 *8*
 Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Widowed ☐ Divorced ☐ Number of children living *5*

~~Wife~~ of *Constance (Prentice) Snowden*
 Wife of *Constance (Prentice) Snowden*
 Father's Name *Constance (Prentice) Snowden* Mother's Name *Constance (Prentice) Snowden*

Cause of Death { Primary *Apoplexy* 42 How long sick *42*
 Immediate *42* Accident, Suicide, Homicide
 Reported by *Greensboro Free Press 9-9*
 Address *Greensboro Free Press 9-9*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 66958



Name in Full

Certificate of Death

Emma Rosa Lee Talmán

Town

County

Ridgely

Caroline

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

5

9

1

Age

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

~~Spouse~~

of

Wife

Father's

Name

James H. Talmán

Mother's

Name

Wm. H. Sipple

Cause of

Primary

Death

Immediate

How long sick

161

Accident, Suicide, Homicide

Reported by

Greenboro Fire Press 9-9

Address



Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65068



Name in Full

Certificate of Death

Walton Williams

Town

County

Hynson

Caroline

MARYLAND

Died at

Date 1898 8 Sept 28 18 Y. M. D. Native of md. Occupation Farmer
 Male White Married Widow Divorced
~~Female~~ ~~Colored~~ Single ~~Widow~~ ~~Number of children living~~

Husband
of
WifeFather's
Name

George Williams

Mother's
Name

Sarah Noble

Cause of

Primary

Typhoid Fever 1

How long sick

5 weeks

Death

Immediate

Pneumonia

Accident, Suicide, Homicide

Reported by

Address

J. L. Noble M.D.
Preston Ind.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, FREDERICK

